

SEP 24 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
26639

1. PLACE OF DEATH

56 County Lewis
1 Township Canton
2 City Canton (No. _____)

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Canton Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm M. Hanly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 - 1861
7. AGE YEARS 70 MONTHS 10 DAYS 26 If LESS than 1 day, — hrs. or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo.

13. NAME Thos. Finley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Ellen Bryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT F. F. Hanly
(ADDRESS) Washington DC.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Mo. DATE 8-27-32

19. UNDERTAKER Paul A. Buckley
(ADDRESS) Canton Mo.

20. FILED 8-26-1932 H. W. Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, to Aug 25 1932

I last saw him alive on Aug 25 1932. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

acute dilatation of heart Date of onset any

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Sept Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. J. Hillard

(Address) Canton Mo.

